je	
7	:
325	4
2:	
7	0
n	Ċ
7	
Ų	
Ĺ	
1.5	6
'48	×
. 1	ti
4	
F	
.94	į,
ą,	4
24	
27	
2	10
-	ü
N	
	2
P.	ı
27	
	THE RESERVE OF THE PARTY OF THE

60/272,114

02/28/2001

DECLARATION AND POWER OF Attorney Docket Number 4002-2950/PC464.00 ATTORNEY FOR PATENT APPLICATION First Named Inventor Hai Trieu COMPLETE IF KNOWN Application No. Declaration Submitted after Declaration submitted with Filing Date Initial Filing Initial Filing (surcharge (37 CFR Group Art Unit 1.16(e)) required) Examiner's Name As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled FLEXIBLE SYSTEMS FOR SPINAL STABILIZATION AND FIXATION the specification of which (check one) × is attached hereto. Was filed on _____ as United States Application No. or PCT International Application No. And was amended on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application Number(s) Foreign Filing Date Country (MM/DD/YY) Priority Not Certified Copy Claimed ... Attached? Yes No X × I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filling date of the prior application and the national or PCT international filling date of this application:

File and the U.S. Pa	rent Ap	plication or PC Number	f Pa	mastellara the bath		SEE SPEED	(MM/I		Date YYY)	AP T	Parent Pa Numbe (if applic	T-MARK
☐ Additional US or PCT Int												
As a named inventor, I herel Patent and Trademark Office			red pi	actitioner(s)	to prosec	ute this a	applica	ition a	nd trans	sact	all business	in the
	х]	OR	Number	(s) name/r	egistratio	on num	nber lis	Nui	nbei Lab	Customer r Bar Code el Here	2
Na	me		F	Registration	Number		Name		Re	aistr	ration Num	ber
Douglas A. Collier			_	556		+	,			5.01.		
X Additional registe hereto.	red praction	oner(s) named on su	pplem	ental Regis	tered Prac	tioner Int	format	ion sh	eet PTC	D/SB	/02C attach	ed
Direct all correspondence to	:	Customer Number Bar Code Label	er			OR	Х	Corre	espond	ence	address b	elow
Name		Douglas A. Coll	ier									
Firm Name		WOODARD EM	HAR	DT NAUGI	HTON M	DRIART	Y & N	/cNE	TT			
Address	111 Monument Circle, Bank One Tower, Suite 3700											
Address												
City		Indianapolis		State	IN		ZIP	46	204			
Country		USA Telephone				634-3456			Fax		7-637-75	
I hereby declare that all on information and belie knowledge that willful fa under Section 1001 of T the validity of the applica	f are bei lse state litle 18 o ation or a	ieved to be true; ments and the li f the United Stat any patent issue	and ke so es C	further the made ar ode and t	at these e punish	statem	ents v fine	were or in	mad	e wi	th the ent. or bo	th.
Full name of sole or fi	irst inve	ntor	AND	Helifes THEMSELECTION	Constitution of	Carry Fell	13	Calestan S	Partie of the second	a delike	NAME OF	
Given Name (first and middle, if any)	Hai				Family N or Surna		Tr	ieu				
nventor's Signature:	- W	ach. VA	lo		Date of Signatur		0	2/	/18/	10	le l	
Residence:		•						_/_				
City, State, Country)	Cordov	a, TN USA										
Citizenship:	USA											
Post Office Address:	1323 G	aystone Lane, C	ordo	va, TN 386	018							

Full name of additiona	I joint inventor, if any:	STATE OF THE PROPERTY OF THE P	The state of the s
Given Name (first	Jon	Family Name	Serbousek
and middle, if any)		or Surname	
Inventor's Signature:	for below	Date of Signature:	2/19/02
Residence:	'		
(City, State, Country)	Memphis, TN USA		
Citizenship:	USA		
Post Office Address:	3501 Golf Hill Cove, Memphis, Ten	nessee 38125	
Full name of additiona	joint inventor, if any:	here. The black age.	The same of the sa
Given Name (first		Family Name	
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence:			
(City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additiona	l joint inventor, if any:	And the control of th	contractions in a san a bit with the same of the same
Given Name (first		Family Name	
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additiona	joint inventor, if any	en el entre partier el service de la partier de la company	respective and the second seco
Given Name (first	The second secon	Family Name	3.100
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence:			
(City, State, Country)			
Citizenship:			
Poet Office Address:			

DECLARATION

Registered Practitioner Information (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Harold R. Woodard	16,214	David A. Warmbold	30,897
C. David Emhardt	18,483	Cary R. Reeves	35,334
Joseph A. Naughton, Jr.	19,814	James J. Bindseil	42,326
John V. Moriarty	26,207		
John C. McNett	25,533		
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
<i>3</i>			
Clifford W. Browning	32,201		
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581		1
Christopher A. Brown	41,642		
C. John Brannon	44,557		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		1
Brad A. Schepers	45,431		1
Scott J. Stevens	29,446		ļ
James B. Myers	42,021		
John M. Bradshaw	46,573		1
Charles P. Schmal	45,082		ì
Edward E. Sowers	36,015		l
Quentin G. Cantrell	47,469		